



Part Submission Warrant

Part Name <u>EXHAUST HANGER</u>		Cust Part Number <u>10350549 (GM1776-4)</u>	
Shown on Drawing No. <u>10350549 (GM1776-4)</u>		Orig Part Number <u>10350549 (GM1776-4)</u>	
Engineering Change Level <u>2</u>	Dated <u>12-Nov-04</u>		
Additional Engineering Changes <u>N/A</u>	Dated <u>N/A</u>		
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. <u>n/a</u>	Weight (kg) <u>0.0732</u>	
Checking Aid No. <u>2791</u>	Checking Aid Engineering Change Level <u>2</u>	Dated <u>12-Nov-06</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>Windsor Machine & Stamping</u> <u>607398216</u>		<u>Van-Rob Stamping</u>	
Organization Name & Supplier/Vendor Code <u>26655 Northline Road</u>		Customer Name / Division <u>Dicky Chlu</u>	
Street Address <u>Taylor, Michigan 48180</u>		Buyer / Buyer Code <u>GMX 020</u>	
City <u>Taylor</u>	Region <u>Michigan</u>	Postal Code <u>48180</u>	Country <u>USA</u>
Application <u>GMX 020</u>			
MATERIALS REPORTING			
Has customer-required Substance of Concern Information been reported?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Submitted by IMDS or other Customer format:		<u>21648871</u>	
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
REASON FOR SUBMISSION (Check at least one)			
<input type="checkbox"/> Initial Submission	<input type="checkbox"/> Change to Optional Construction or Material		
<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> Supplier or Material Source Change		
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment or Additional	<input type="checkbox"/> Change in Part Processing		
<input type="checkbox"/> Correction of Discrepancy	<input checked="" type="checkbox"/> Parts Produced at Additional Location		
<input type="checkbox"/> Tooling Inactive > than 1 year	<input type="checkbox"/> Other-please specify below <u>Production at new location</u>		
REQUESTED SUBMISSION LEVEL(Check one)			
<input checked="" type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer			
<input type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer			
<input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.			
SUBMISSION RESULTS			
The results for <input type="checkbox"/> dimensional measurements <input type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package			
These results meet all drawing record requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required)			
Mold / Cavity / Production Process _____			
DECLARATION			
I affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of 1600 / 8 hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below.			
EXPLANATION/COMMENTS: <u>no change to process, tools, or parts</u> <u>transfer from Wayne Mfg to Tilbury Assembly, one TS16949 location to another</u>			
Is each Customer Tool Properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a			
Organization Authorized Signature: <u>Ana Chau</u>		Date: <u>May 18/07</u>	
Print Name <u>Ana Chau</u>	Phone No <u>519-737-7155 ext 242</u>	FAX No <u>519-737-7102</u>	
Title <u>PPAP Co-ordinator</u>	E-mail <u>achau@windsormachine.com</u>		
FOR CUSTOMER USE ONLY (IF APPLICABLE)			
PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature <u>Waseem</u>		Date: <u>May 18, 2007</u>	
Print Name <u>WASEEM AHMED</u>	Customer Tracking Number (Optional) _____		